





BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINER GROUP 2626

03560.002492

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
• •	:	Examiner: Negussie Worku
YUKIO MURATA)	
	:	Group Art Unit: 2626
Application No.: 09/433,741)	
	:	Confirmation No.: 2920
Filed: November 4, 1999)	
	:	
For: CONTROL METHOD FOR DOCUMENT)	March 22, 2005
SCANNING DEVICE	:	

Mail Stop AF COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated December 28, 2004, Applicant submits the following amendments and remarks:

PTO/SB/17 (12-04)

Under the Paperwork Reduction Act of 1995, no persons are require	U.S. Patent and Trader	oved for use through 07/3 nark Office; U.S. DEPAR finformation unless it displays	TMENT OF COMMERCE
Effective on 12/08/2004. RADE Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)	Complete if Known		
RADE rees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)	Application Number	09/433,741	
FEE TRANSMITTAL	Filing Date	November 4, 1999	
For FY 2005	First Named Inventor	YUKIO MURATA	
	Examiner Name	Negussie Worku	
Applicant claims small entity status. See 37 C.F.R. 1.27	Art Unit	2626	
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.	03560.002492	
METHOD OF PAYMENT (check all that apply)			
Check Credit Card Money Order Deposit Account Deposit Account Number: 06-1205	Deposit Account Nanorized to: (check all that apply Charge fe	e(s) indicated below, except to overpayments	·
FEE CALCULATION			
BASIC FILING, SEARCH, AND EXAMINATION FEES			
·	Small Entity	MINATION FEES Small Entity See(\$)	Fees Paid (\$)
Utility 300 150 500	250 20	0 100	
Design 200 100 100			
Plant 200 100 300 Reissue 300 150 500		•	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more Each independent claim over 3 or, for Reissues, each independent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Part Claims HP = highest number of total claims paid for, if greater than 20	ent claim more than in the	Fee(\$) ent 50	Small Entity Fee(\$) 25 100 180
Indep. Claims Extra Claims Fee(\$)	Fee Paid (\$)	0 0	<u> </u>
5 - 3 or HP = 0 x 0 = HP = highest number of independent claims paid for, if greater the second states are second so that the second se	0 han 3		
If the specification and drawings exceed 100 sheets of paper additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)	r, the application size fee o (1)(G) and 37 CFR 1.16(s	lue is \$250 (\$125 for sma).	all entity) for each
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each a</u>	dditional 50 or fraction there	eof Fee (\$)	Fee Paid (\$)
	(round up to a whole no	umber) x =	0
4. OTHER FEE(S)			Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity disco	ount)		
Other:			

SUBMITTED BY			
Signature	ofell). De	Registration No. (Attorney/Agent) 55,112	Telephone 202-530-1010
Name (Print/Type)	Michael J. Didas		Date: March 22, 2005